



GALLATIN COUNTY WEED CONTROL DISTRICT
NOXIOUS WEED COMPLAINT FORM
(Please Print or Type)

(Date)

1. _____
Name of Person making the complaint)

(Address) (City) (State) (Zip) (Phone)

2. _____
Name of Respondent (person with the noxious weed infestation)

(Address) (City) (State) (Zip) (Phone)

3. Location of Noxious Weed Infestation

4. Explain the nature of the complaint and the situation surrounding it. Include the noxious weeds present, and the specific location of the complaint. Use landmarks, lot numbers, or legal descriptions. Sketch a map on the back of this sheet showing the location of the noxious weed infestation(s).

(Signature of person filing the complaint)

Sketch Map of Area showing Weed Locations

